

# Arlington Housing Authority

## State Program Inspection Form

Inspection Date: 3/5/09

Housing Inspector: Joseph G. Drago

Resident: Peter Szewcy

Office Use: \_\_\_\_\_

Address: 1104 Bedroom: 1 Pets: \_\_\_\_\_ Auto: \_\_\_\_\_

Winslow Chestnut Drake Cottages Cusack Menotomy/Bricks/Wood Other  
Item: Sat. UnSat. Comments:

<b>Front Entrance</b>				<b>Hallway</b>			
Stairs/Railings				Walls			
Storm Door				Stairs			
Door/Lock				Handrail			
<b>Living Room</b>				<b>Bathroom</b>			
Walls				Walls			
Ceilings				Ceilings			
Floors				Floors			
Windows				Window			
<b>Kitchen</b>				Light Fixture			
Walls				Tub/Faucet			
Ceilings				Toilet			
Floor				Sink/Faucet			
Windows				Medicine Cabinet			
Light Fixture				<b>Bedroom</b>			
Cabinets				Walls			
Counter Top				Ceiling			
<b>Basement</b>				Floors			
Door/Lock				Doors			
Stairway				Light Fixture			
Light Fixture				<b>Bedroom</b>			
Windows				Walls			
Walls				Ceiling			
Heat Ducts				Floors			
Sump Pump & Hose				Doors			
Furnace/Clearance				Light Fixture			
Water Heater				<b>Bedroom</b>			
<b>Rear Exit</b>				Walls			
Stair/Railings				Ceiling			
Storm Door				Floors			
Door/Lock				Doors			
<b>Family Composition</b>				Light Fixture			
Adults				<b>Smoke/Carbon Detectors</b>			
Children				<b>Basement</b>			
<b>Exterior</b>				<b>First Floor</b>			
Basement Stairway				<b>Second Floor</b>			
Grounds							

Remarks:

Vial of Life Yes No

Tenant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Required if damage is present in unit)

Housing Inspector Signature: \_\_\_\_\_

Date: 3/5/09